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CONFIRMATION NO. 2484

SERIAL NUMBER 10/688,570	FILING DATE 10/17/2003 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 00-96C1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/997,610 11/29/2001 PAT 6,716,965 *SS*
 which claims benefit of 60/253,924 11/29/2000 *SS*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	0	13	3
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

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TITLE

Adipocyte complement related protein zacrp13

	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT